

popliteal nerves, were exposed in the thigh and a piece of the internal, 1 to 2 cm. long, was excised. The posterior muscles of the leg were thus paralyzed completely. The external popliteal or peroneal nerve was then followed outward and downward and divided below the head of the fibula. Finally a small channel was made through the gastrocnemius in a suitable place by a blunt instrument. The proximal end of the peroneal nerve was then passed through this channel and fixed in position by suturing over it a small muscle fold. Fourteen days later mild responses in the gastrocnemius were obtained by faradic and galvanic irritation of the peroneal nerve. After four weeks the whole prominence of the gastrocnemius reacted with strong contractions. After eight weeks the strength and extent of the contractions could not be distinguished from the normal, and not only did the muscle contract in which the nerve was implanted, but the neighboring muscles of the flexor group as well. At this time the muscles, which in the beginning were wasted and yellow, had recovered completely their normal color and consistency. Heineke has also shown that a muscle deprived of its nerve supply for twenty-one days, from the implantation of a sound nerve, can recover its function.

A New Method for the After-treatment of Prostatectomy.—VAN BISSELIK (*Zentralbl. f. Chir.*, 1914, xli, 503) says that the method makes use of a permanent catheter for a few days after the operation, so that only a small opening in the bladder wall is necessary through which a tampon is brought out. After the removal of the prostate in the usual way the wound and, if the hemorrhage is severe, the whole bladder are tamponned with gauze. The catheter, which was used before the operation to irrigate and empty the bladder, is left in position in the bladder. The greater part of the bladder wound is closed in two layers, catgut for the mucous membrane and silk for the outer layer. The part of the bladder wound remaining open is enclosed with a purse-string suture of catgut, which is passed from the outer side to the muscularis, but is not left long. The space of Retzius is tamponed and the abdominal wound is closed around the bladder tampon. Usually this is removed in twenty-four hours. The bladder is then washed out from above and below and the bladder wound is closed by inversion of its edges and tying the purse-string suture. A tampon down to the closed bladder wound will provide for the escape of any urine that will escape later. The bladder is washed out every two hours and the catheter changed every day. This continues for three or four days. Then it is left out at night for seven or eight days. After that the patient can urinate spontaneously at night. Six of the nine cases operated on in this way urinated spontaneously within fourteen days. The three remaining cases had cancer of the bladder.

Bimanual Examination of the Prostate.—HABERLAND (*Zentralbl. f. Chir.*, 1914, xli, 675) finds the bimanual method of examination very satisfactory. Since the anterior surface of the prostate lies behind the lower portion of the symphysis pubis, the finger reaches it when introduced into the rectum only 4 to 6 cm. from the external sphincter, while the finger of the other hand can be pressed downward against

the empty bladder and abdominal wall and thus against the prostate as in examining the uterus in the female. Even with a thick, tense abdominal wall, the method will rarely fail. Haberland has proven the correctness of his diagnosis by prostatectomy. By practice, one can determine the size and form of the seminal vesicles and vasa deferentia. By this method, the diagnosis can be made between vesical calculus and hypertrophied prostate. Only in isolated cases will it be necessary to invoke the aid of the *x*-rays, for more certainty in the differential diagnosis between these two conditions. The patient lies on his back with the knees drawn up and breathing through his mouth. The bladder is first completely emptied, voluntarily or by catheter. Fecal masses in the rectum do not disturb the examination.

THERAPEUTICS

UNDER THE CHARGE OF

SAMUEL W. LAMBERT, M.D.,

PROFESSOR OF APPLIED THERAPEUTICS IN THE COLLEGE OF PHYSICIANS
AND SURGEONS, COLUMBIA UNIVERSITY, NEW YORK.

The Emetin Treatment of Amebic Dysentery.—YEOMAN (*New York Med. Jour.*, 1914, xcix, 327) reports 7 cases of amebic dysentery treated by subcutaneous injections of emetin hydrochloride. The disease varied in duration before treatment with emetin from six months to fourteen years. Other forms of treatment, including ipecac in 4 cases, had been employed in all the patients, with temporary benefit only, 5 patients were cured clinically, 2 were greatly improved, and none died. One of the "cured" cases recurred five months later. The average dose of emetin hydrochloride is one-half grain dissolved in 10 to 15 minims of salt solution and injected subcutaneously in the region over the deltoid. The remedy should be given until the symptoms disappear, and then the administration of emetin should be discontinued, for an excessive amount of emetin frequently produces marked bowel irritation. Yeoman believes emetin is specific for amebic dysentery in the same sense that quinine is specific for malaria or salvarsan for syphilis. When it is used early in the disease, cure should be prompt and permanent in all cases. Naturally when the amebæ have invaded the tissues deeply and are widely disseminated, cure may be permanent or clinical only. After weeks, months, or years encysted amebæ may reappear in an active vegetative form, accompanied by all the symptoms of an acute attack. Hence amebic patients should be kept under prolonged observation, and at the first signs of recurrence a course of emetin should be given. Because of the extensive destruction of the mucosa and the secondary infection of the ulcers, mucus, pus and blood in diminishing quantities may continue to be evacuated for sometime after all amebæ have disappeared from the stools. Irrigations and topical applications through the proctoscope will materially hasten the process of tissue repair.